

October 18, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.1018.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IRO's. TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesiology.

Clinical History:

The patient apparently suffered a work-related injury of unknown type on _____. The patient presently carries diagnoses of lumbar and cervical diskogenic pain, lumbar and cervical facet pain syndromes, and cervicogenic headaches. He is stated to have been treated non-invasively and has not responded. Medications of Celebrex, Soma, and Norco are stated. He apparently received a cervical facet injection bilaterally and experienced "60% pain relief over the lumbar spine."

Disputed Services:

Radio frequency lesioning, bilateral cervical facet joints.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the radiofrequency lesioning, bilateral cervical facet joints is not medically necessary in this case.

Rationale for Decision:

The use of radiofrequency lesioning of cervical facets has been shown to be less efficacious than for lumbar facets in the setting of mechanical pain. The literature relevant to cervical facet lesioning is mixed and inclusive. The efficacy can only be described as limited. Since no history is provided in these documents on this patient, it is not possible to understand the basis of this patient's pain any further (flexion/extension injury, etc?). The literature further suggests the importance of confirmatory facet blocks with local anesthetics. I do not believe repeating with a different local anesthetic agent is of importance. The included documents do not clearly state whether one or more facet injections per facet joint were performed. Since radiofrequency lesioning is not proven treatment for cervical facet pain in

long-term controlled studies for this condition, confirming the facet origin of the pain is important. If repeat facet blocks are clearly confirmatory, the request should be approved.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 18, 2002.

Sincerely,